

APPLICATION FOR A ONE-TIME EXTENSION OF A PROVISIONAL CERTIFICATE

This form can only be used for Provisional Elementary, Provisional Secondary, and Provisional Special Education Certificates.

ARIZONA DEPARTMENT OF EDUCATION-CERTIFICATION UNIT

Phoenix Office: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367

Tucson Office: 400 W. Congress St., #118, Tucson, AZ 85701 Telephone: (520) 628-6326

www.ade.az.gov/certification

To apply for a one-time extension of a Provisional Certificate, please submit the appropriate fee by money order, cashiers check, or personal check (for each certificate) to the *Arizona Department of Education*, **NO CASH**, and either a Class 1 or Class 2 Fingerprint Clearance Card issued by Arizona DPS or proof of having applied for one must be submitted with this application.

SOCIAL SECURITY NUMBER: _____ - _____ - _____ **DOB:** ____/____/____ **GENDER:** **M / F**
(For identification purposes only) (Circle One)

APPLICANT'S FULL LEGAL NAME: _____
Last First Middle

MAILING ADDRESS: _____
Street Number or P.O. Box

City State Zip Code

TELEPHONE: (____) _____ - _____ **EMAIL ADDRESS:** _____
(Home) (Home)

ETHNICITY: **GENDER & ETHNICITY ARE REQUESTED FOR FEDERAL REPORTING PURPOSES ONLY.**

____ Asian or Pacific Islander ____ Black or African-American (Not Hispanic)
____ Hispanic or Latino ____ American Indian or Alaskan Native
____ White (Non-Hispanic) ____ Other

I would like to extend my Provisional _____ **Certificate.**
(Type)

PLEASE NOTIFY THE CERTIFICATION UNIT OF CHANGES IN HOME MAILING ADDRESS, HOME E-MAIL ADDRESS & HOME TELEPHONE NUMBER.

Please submit fee payment of \$20.00 by money order, cashiers check, or personal check only. No cash.
Fees paid are not refundable.

☐ I have not been employed in a teaching position for 4 semesters or 2 school years and request a one-time 2-year extension. I understand that this is a one-time option and that I must meet current requirements for a six-year standard certificate prior to the expiration of this extended certificate.

☐ I taught for _____ semesters OR _____ school years during the valid period of my Provisional Certificate.

Applicant's Signature

Employer (School or District)

Title

Date

PLEASE SEE REVERSE

**PLEASE ANSWER ALL QUESTIONS AND SIGN BELOW TO COMPLETE THIS FORM.
ALL QUESTIONS AND ALL PARTS MUST BE ANSWERED**

1. Have you been issued a Class 1 or Class 2 Fingerprint Clearance Card by the Arizona Department of Public Safety? YES___ NO___
(If the answer to this question is "yes," please skip to question 3 and continue.)
2. If you have **not** been issued a Fingerprint Clearance Card, have you made an application with the Department of Public Safety and is proof of your application attached? YES___ NO___
3. Have you ever had any professional certificate or license, revoked or suspended? YES___ NO___
4. Have you ever received a reprimand or other disciplinary action involving any professional certification or license? YES___ NO___
5. Have you ever been convicted of any felony offense? YES___ NO___
6. Have you ever been arrested for any offense for which you were fingerprinted? YES___ NO___
7. Have you ever been arrested for any of the following offenses in this state or similar offenses in another jurisdiction?

<ol style="list-style-type: none"> a. Second-degree murder YES___ NO___ b. Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age YES___ NO___ c. Sexual assault YES___ NO___ d. Molestation of a child YES___ NO___ e. Sexual conduct with a minor YES___ NO___ f. Commercial sexual exploitation of a minor YES___ NO___ g. Sexual exploitation of a minor YES___ NO___ h. Child abuse YES___ NO___ i. Kidnapping YES___ NO___ j. Sexual abuse of a minor YES___ NO___ k. Taking a child for the purpose of prostitution as prescribed in section 13-3206 YES___ NO___ l. Child prostitution as prescribed in section 13-3212 YES___ NO___ m. Involving or using minors in drug offenses YES___ NO___ 	<ol style="list-style-type: none"> n. Continuous sexual abuse of a child YES___ NO___ o. Attempted first-degree murder YES___ NO___ p. Any other dangerous crime against children as defined in section 13-604.01 YES___ NO___ q. Any of the above listed offenses if committed as a preparatory offense as described in section 13-1001 YES___ NO___ r. Any offense causing you to register as a sex offender YES___ NO___ s. First-degree murder YES___ NO___ t. Armed Robbery YES___ NO___ u. Incest YES___ NO___ v. Exploitation of minors involving drug offenses YES___ NO___ w. Sexual abuse of a vulnerable adult YES___ NO___ x. Sexual exploitation of a vulnerable adult YES___ NO___ y. Commercial sexual exploitation of a vulnerable adult YES___ NO___ z. Abuse of a vulnerable adult YES___ NO___ aa. Molestation of a vulnerable adult YES___ NO___ bb. Neglect of a vulnerable adult YES___ NO___
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Attn: If "yes" is indicated for any question, 3 through 7, please attach a full explanation to this application.

I SWEAR OR AFFIRM THAT THE FOREGOING INFORMATION COMPLETED BY ME, OR SUBMITTED BY ME FOR CERTIFICATION PURPOSES, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. FURTHERMORE, SHOULD ANY PART OR ALL OF THE INFORMATION HEREIN PROVIDED PROVE TO BE FALSE, I RECOGNIZE THAT IT SHALL BE JUST CAUSE FOR REVOCATION, SUSPENSION, OR OTHER DISCIPLINARY ACTION AGAINST ANY CERTIFICATE ISSUED TO ME BY THE ARIZONA DEPARTMENT OF EDUCATION.

Applicant's Signature _____ **Date** _____